

## APPLICATION FOR APPOINTMENT TO THE HENDERSON COUNTY BOARD OF SOCIAL SERVICES

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Complete Street Address (Street Name if PO Box): \_\_\_\_\_

Complete Mailing Address (if different than above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position/Title: \_\_\_\_\_

If retired, former Place of Employment and Position/Title: \_\_\_\_\_

Are you a Henderson County resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you currently serve on a County Board or Committee? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any appointed positions which you currently hold in Henderson County or any municipal government:

\_\_\_\_\_  
\_\_\_\_\_

Educational background, special qualifications, related work experience, etc:

\_\_\_\_\_  
\_\_\_\_\_

References: Please list the name and phone number of three Henderson County residents:

Name:	Phone Number/Contact Information:

### CONFLICT OF INTEREST DISCLOSURE

Full Name of Spouse (if married): \_\_\_\_\_

Spouse's Place of Employment of Business Affiliation: \_\_\_\_\_

Spouse's Position/Title: \_\_\_\_\_

Please list all entities (including corporations, partnerships, associations, or other private, public and nonprofit organizations) of which you or your spouse are an officer, director, trustee, partner or employee, or have at least a 5 percent (5%) ownership interest and describe your affiliation with such entity (if none, state "None"):

\_\_\_\_\_  
\_\_\_\_\_

Do you (or your spouse, employer, or business entity with which you are at least a five percent (5%) beneficial owner or an officer or employee) stand to have a financial interest resultant from your participation on the Henderson County Board of Social Services? (Financial interests could include contractual arrangements, grants, vendor/contractual arrangements, etc.). If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

By submitting this Application for Appointment, I pledge that, if appointed, I agree by my signature below that all of the information above is complete and accurate to the best of my knowledge and I pledge to comply with the Code of Ethics adopted by the Henderson County Board of Commissioners.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return application to: Karen A. Vale, Clerk to the DSS Board  
Henderson County Department of Social Services  
1200 Spartanburg Highway, Suite 300  
Hendersonville, NC 28792  
828-694-6308

\* Application expires three (3) years from the date of application.  
\* Upon appointment, the information contained herein becomes a matter of public record per NC General Statute 132-1.